Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	PRING PERIOD

01/31/2015

DMR Mailing ZIP CODE:

19382

MAJOR \$ (SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QU	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	****	****	8.8	9.6	***		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	* * * * * *	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.1	*****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	· 6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	810	903		****	22	24		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	86	*****		****	2.3	****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	****	6 MO AVG	****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	र्रंट र्वट बेंद बेर बेर बेर	*****	< .001	< .001		0	¨	
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.48	6.06		******	****	ate ate ate ate	****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	****	****	*****	5	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	200 30DA GEO	****	#/100mL		Daily	GRAB

01/01/2015

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and behef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	4774 6.4		
TYPED OR PRINTED		AUTHORIED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY 01/01/2015 01/31/2015

DMR Mailing ZIP CODE:

\$

19382

MAJOR (SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	283	393		****	7.5	9.6		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	***	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY

02/01/2015

MM/DD/YYYY

02/28/2015

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt	JALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	afe afe afe afe afe	*****	*****	9.4	10.3	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	6.3	*****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	424	576		*****	12	15		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	96	****		*****	2.7	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	****	lb/d	*****	6 MO AVG	****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	< .005	< .005		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.427	6.473		****	****	*****	ate ate ate ate ate	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	*****	4	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and imprisonment to knowing the possibility of the and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 02/28/2015

DMR Mailing ZIP CODE:

19382

MAJOR

\$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QU	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	ТҮРЕ
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	284	341		****	7.7	9.2		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

02/01/2015

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2015 03/31/2015

DMR Mailing ZIP CODE:

19382

MAJOR (SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	******	9.9	8.4	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	*****	****	*****	6.3	*****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	517	673		*****	11	13		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	129	****		*****	2.8	****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	#######	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.48	7.958		*****	*****	****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	*****	****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	******	*****	*****	****	6	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	200 30DA GEO	****	#/100mL		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		ADVA Codo	NI DATED	04 (00) (000)
TYPED OR PRINTED		7107110711111177	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

03/31/2015

DMR Mailing ZIP CODE:

\$

19382

MAJOR (SUBR 01)

OUTFALL 001 External Outfall

No Discharge

	-	QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	293	365		*****	6.3	7		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

03/01/2015

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	TELEPI	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-Q PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 01/01/2015

MM/DD/YYYY 03/31/2015

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUANTITY OR LOADING			Qī	QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	****	****	.011	.011		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	****	*****	****	< .003	< .003		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

•	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	anormation, netiging the possibility of file and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2015 04/30/2015

DMR Mailing ZIP CODE:

\$

19382

MAJOR

(SUBR 01)

OUTFALL 001 External Outfall

AUTHORIZED AGENT

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	de de de de de de	****	8.3	9.3	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	****	****	****	5.8	ste ste ste ste ste	6.7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 318	403		****	< 8	11		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 49	****		*****	< 1.2	****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	****	lb/d	****	6 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	81	*****		****	2.1	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	****	****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.655	5.801		*****	****	****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	****		Continuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIV	personnel p	supervision in accordance roperly gather and evaluat	with a system designed to te the information submitte	assure that qualified d. Based on my inqui	ry of the				TEL	EPHONE	DATE
	personnel p person or p the informa accurate, an	roperly gather and evaluat ersons who manage the sy tion, the information subn id complete. I am aware th	e the information submitte te the information submitte stem, or those persons dire nitted is, to the best of my l at there are significant pens of fine and imprisonment of	d. Based on my inqui ctly responsible for g knowledge and belief alties for submitting	ry of the gathering true, false	URE OF PRINCIPAL	EXECUTIVE OFFIC	ER OR			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

formation, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION: 848 S CONCORD RD**

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD

MM/DD/YYYY

MM/DD/YYYY 04/30/2015

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			JALITY OR CON	ENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	****	****	3	****		0		-
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	173	208		* ** *	4.5	5.4	-	0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

04/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the hest of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		_	
TYPED OR PRINTED	partormation, measuring the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION:** 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
05/01/2015	05/31/2015							

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

·		QUAN	TITY OR LOADI	NG	Qī	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	****	8	8.6	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	de de de de de de	ste ste ste ste ste	*****	5.9	*****	6.8		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	369	508	- -	*****	11	14		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	41	ste ste ste ste ste	ı	****	1.2	****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	*****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	62	****		*****	1.8	****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	*****	2 MO AVG	****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	# # # # # #	女状作作论	*****	****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.191	4.92		*****	*****	****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and imprisonment of knowing florations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION: 848 S CONCORD RD**

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 05/01/2015 05/31/2015

DMR Mailing ZIP CODE:

19382

MAJOR

\$

(SUBR 01) OUTFALL 001

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	אר אר אר אר אר דר	****	3	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	154	220		*****	4.4	6		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	information, including the possibility of time and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 06/01/2015 06/30/2015

DMR Mailing ZIP CODE:

19382

\$ MAJOR

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	7.7	8.3	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	*****	****	****	6	*****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 225	292		*****	< 6	8		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 26	ste ste ste ste ste		******	< .8	****		0	:	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	*****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	55	****		*****	1.6	****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	*****	2 MO AVG	****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.153	5.27		****	****	****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, including the possibility of thre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

06/30/2015

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	*****	****	****	*****	2	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 103	121		*** * *	< 3	3.7		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

06/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	DATE	
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TYPED OR PRINTED	The mental of the possibility of the are imprisonal entropy to the area of the control of the co	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION:** 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

| PA0028584 | 001-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 04/01/2015 | 06/30/2015 |

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	*****	*****	.007	.007		0		•
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	******	ste ste the ste ste	.0279	.0279		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and instance, including the possibility of the and inspissonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

DMR Mailing ZIP CODE: MAJOR \$ 19382

MAJOR (SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QŢ	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	7.6	8.1	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	# # sk sk sk sk	****	****	5.7	****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 196	< 250		****	< 6	< 7		0		-
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 42	****		*****	< 1.3	*****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	*****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	55	*****		******	1.6	****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.978	5.296		*****	****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

07/31/2015

DMR Mailing ZIP CODE:
MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge

19382

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	ate ate ate ate ate	****	ate ate ate ate ate	****	3	the site site site site	:	0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 92	115		****	< 2.8	3.6		0		- 11
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

07/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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Form Approved OMB No. 2040-0004

19382

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

08/31/2015

DMR Mailing ZIP CODE: **MAJOR** \$ (SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	i	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	6.5	8.5	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	te te te te te te	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	ate ate ate ate ate	*****	****	5.9	ale ale ale ale ale	6.7		Ö		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	* ** * * *	she the she she the	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 142	< 165		*****	< 5	< 5		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	de de de de de de	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 29	11 14 14 14 14		****	< 1	te te te te te		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46	****		****	1.5	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.533	4.1		****	*****	****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	ste ste ste ste ste	****		Continuous	Recorder (auto)

08/01/2015

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TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015	

DMR Mailing ZIP CODE:

\$

19382

MAJOR

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADII	٧G	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	ste ste ste ste ste	*****	8	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	200 30DA GEO	***	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 70	< 76	-	*****	< 2.4	< 2.5		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	****	15 MO AVG	23 MX WK AV	mg/L	-	Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

\$

19382

MAJOR

(SUBR 01) OUTFALL 001

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QU	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	76 76 76 76 76	*****	****	8.3	8.5	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	*****	****	5.8	****	6.8		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 148	160		****	< 5	6		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 33	****		*****	< 1.2	****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	54	****		****	1.8	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.395	4.697		*****	*****	****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	***	****	ale ale ale ale ale	*****		Continuous	Recorder (auto)

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

 PA0028584
 001- A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD
 MM/DD/YYYY

 MM/DD/YYYY
 MM/DD/YYYY

09/30/2015

DMR Mailing ZIP CODE:MAJOR \$

19382

(SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG .	Qt	ALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	*****	****	to to to storte to	****	4	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 75	94		****	< 2.7	3.2		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	********	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

09/01/2015

NAME/ITTLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		APT (G)		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: V

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

09/30/2015

DMR Mailing ZIP CODE:

19382

MAJOR (SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	****	*****	.01	.01		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP	SAMPLE MEASUREMENT	**** *	****	. *****	****	.0222	.0222		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

07/01/2015

•	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028	3584	Г	001-A
PERMIT N	UMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
MM/DI)/YYYY]	MM/DD/YYYY
10/01	/2015	1	10/31/2015

DMR Mailing ZIP CODE:

\$

19382

MAJOR

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt		NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	8.1	8.7	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	****	*****	5.8	****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 165	209		*****	< 5	6		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 17	****		*****	< .5	****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	51	****		*****	1.7	****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	*****	2 MO AVG	****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.656	5.455		भी भी भी भी भी	र्शन और और और और	*****	** * * * ** **	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
NAME/ITTLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the										EPHONE	DATE

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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

10/31/2015

DMR Mailing ZIP CODE: \$

19382

MAJOR

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	ate ate ate ate ate	3	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 77	94		****	< 2.5	2.8		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

10/01/2015

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	antonimation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION:** 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015	

DMR Mailing ZIP CODE:

\$

19382

MAJOR (SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Qt	JALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	र्शन संब संब संब संब	8.2	8.9	*****		0		
0300 1 0 Iffluent Gross	PERMIT REQUIREMENT	****	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
)H	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	7.5		0		
0400 1 0 ffluent Gross	PERMIT REQUIREMENT	****	****	****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
olids, total suspended	SAMPLE MEASUREMENT	225	350		*****	< 7	11		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 26	****		*****	.9	****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	****	6 MO AVG	***	mg/L		Daily	COMP24
ead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	ate ate ate ate ate	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP2
low, in conduit or thru reatment plant	SAMPLE MEASUREMENT	3.625	4.085		****	*****	****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	****		Continuous	Recorde (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	****	4	****		0		
4055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	200 30DA GEO	****	#/100mL		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIV	direction or	er penalty of law that this supervision in accordance operly gather and evaluat	with a system designed to	assure that quantied					TEL	EPHONE	DATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in supervision in supervision in sucordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: '

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

11/01/2015

MM/DD/YYYY 11/30/2015

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	112	135		****	3.7	4.5		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	and minimum, meriding the possibility of file and miprisoninent to knowing volutions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION:** 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 PERMIT NUMBER	001- A DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE:

\$

19382

MAJOR

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Qī	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	8	8.9	*******		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	te te te te te te	*****	*****	5 INST MIN	Req. Mon. MO AVG	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	6.1	*****	6.7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	509	594		*****	15	16		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 44	*****		*****	< 1.2	n'e n'e n'e n'e n'e		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	****	6 MO AVG	****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	ate ate ate ate ate ate	*****	****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.096	6.017		*****	****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	******	****	****	****	12	********		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	200 30DA GEO	****	#/100mL		Daily	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	anto marion, mendung the possibility of time and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

12/01/2015

MM/DD/YYYY 12/31/2015

001-A

DMR Mailing ZIP CODE:

19382

MAJOR

\$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	180	216		****	5.3	6		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified ppersonnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	anormation, including the possibility of thie and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-Q DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

12/31/2015

DMR Mailing ZIP CODE: \$

19382

MAJOR

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QU	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	******	ofe ste ste ste ste	ste ste ste ste ste	.021	.021		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	****	****	*****	.0037	.0037		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

10/01/2015

	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and individual to the state of	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION: 848 S CONCORD RD**

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE:

\$

19382

MAJOR (SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	9.5	8.6	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	****	***	te te te te te te	6	*****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	she she she she she	****	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	922	1156		** ** ** ** **	26	31		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 48	****		** * * * * *	< 1.4	****		0		1
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	te ste te ste ste ste	lb/d	*****	6 MO AVG	******	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	\$c \$t \$t \$t \$t	*****	te te te te te	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.293	5.685		*****	ste ste ste ste ste	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*******	****	*****	te de de de de	8	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	200 30DA GEO	*****	#/100mL		Daily	GRAB

I	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION:** 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

001-A PA0028584 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

01/31/2016

DMR Mailing ZIP CODE:

19382

MAJOR (SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING VALUE VALUE UNITS 261 311		QU	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	261	311		र्शन मेर मेर मेर मेर	7.3	8.4		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

01/01/2016

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION:** 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

DMR Mailing ZIP CODE:
MAJOR \$

19382

MAJOR (SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	ofe whe afe afe afe	8.9	9.8	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	6	*****	7		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	661	781		****	14	15		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 55	****		****	< 1.1	****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	****	lb/d	*****	6 MO AVG	****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	ple site site site site site	****	ate ate ate ate ate	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.633	7.98		*****	****	*****	****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	ste ste ste ste ste	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	yte ste ste ste ste	****	ste ste ste ste ste	****	3	******		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	200 30DA GEO	*****	#/100mL		Daily	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	mileting out increasing the personality of the and imprisonment for knowing foreigns.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD
WEST CHESTED DA 10382

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001- A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

02/01/2016 02/29/2016

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING VALUE VALUE UNITS 246 310			JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	246	310		****	5.2	6.2		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

l e	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: '

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

DMR Mailing ZIP CODE:

19382

MAJOR

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	QU	JALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	8.9	9.4	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	6.3	** ** ** ** **	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	392	471		****	9	10		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 50	*****		ale ale ale ale ale	< 1.2	******		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	****	lb/d	****	6 MO AVG	****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*******	****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	# # # % % % #	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.943	6.179		र्गर और और और	rhe rhe rhe rhe rhe	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	*****	ste ste ste ste ste	*****	*****	1	the she she she		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	200 30DA GEO	****	#/100mL		Daily	GRAB

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/ITTLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified

personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TYPED OR PRINTED

DATE

MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY

03/31/2016

DMR Mailing ZIP CODE:

\$

19382

MAJOR

(SUBR 01) OUTFALL 001

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	183	276		tttt	4.4	6.1		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

03/01/2016

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001- Q
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY
01/01/2016 03/31/2016

DMR Mailing ZIP CODE:

19382

MAJOR \$
(SUBR 01)
OUTFALL 001
External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	北京北京 東	****	****	黄黄素素素素	.014	.014		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP	SAMPLE MEASUREMENT	*****	****	****	****	< .00316	< .00316		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION:** 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

DMR Mailing ZIP CODE:

\$

19382

MAJOR (SUBR 01

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	जोर जोर जोर जोर जोर के	****	8.4	9.2	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	*****	****	6.1	****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	31: 76: 76: 76: 37:	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	399	473		****	10	12		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 39	****		*****	< 1	****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	****	lb/d	****	6 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	77	****		afe afe afe afe afe	2	****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	*** *	2 MO AVG	****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	****	****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.588	5.029		ate ate ate ate ate	ste stestestesteste	ate ate ate ate ate	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	****		Continuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIV	direction or	supervision in accordance	document and all attachme with a system designed to	assure that qualified	· •		7.		TEL	EPHONE	DATE

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION:** 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PERMIT NUMBER	DISCHARGE NUMBER
PA0028584	001- A

MM/DD/YYYY MM/DD/YYYY

04/01/2016 MM/DD/1111 04/30/2016 DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUANTITY OR LOADING			Qī	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	****	****	2	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	155	185		****	4.1	5		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPH	HONE	DATE
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Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION:** 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

| PA0028584 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 05/01/2016 | 05/31/2016 |

DMR Mailing ZIP CODE: MAJOR \$

19382

MAJOR (SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	de de de de de de	******	8.1	8.7	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	****	# # # # # #	****	6.4	*****	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
solids, total suspended	SAMPLE MEASUREMENT	270	376		*****	7	9		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	45	16 16 16 16 16		****	1.1	****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	65	*****		te te te te te	1.7	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L	-	Twice per Week	COMP24
ead, total [as Pb]	SAMPLE MEASUREMENT	*****	ste ste ste ste ste	*****	****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
low, in conduit or thru reatment plant	SAMPLE MEASUREMENT	4.645	5.782		****	*****	*****	****	0		
readment plant			Reg. Mon.	MGD	*****	****	*****	*****	$\overline{}$	Continuous	Recorder

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY

05/01/2016

MM/DD/YYYY 05/31/2016

DMR Mailing ZIP CODE:

\$

19382

MAJOR

(SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	****	*****	2	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 125	159		****	< 3.2	3.8		0	·	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	*****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

·	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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06/01/2016

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001- A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

06/30/2016

DMR Mailing ZIP CODE:

19382

MAJOR

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QU	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER] [VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	7.8	8.2	se the ste ste ste		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	****	*****	6.2	te #ste # ste fe	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 201	< 250		********	< 6	< 7		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 46	*****		*****	< 1.3	****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	*****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	52	र्शन होने होते होते होते हैं		****	1.5	*****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	水水水水水	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.179	4.571		****	****	****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	*****	****		Continuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIV	direction or	supervision in accordance	document and all attachme with a system designed to be the information submitte	assure that qualified	1 1				TEL	EPHONE	DATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: " WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY 06/01/2016 06/30/2016

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADII	NG	Qī	JALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	the the the the the	****	4	tete te te te		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 114	123		****	< 3.3	3.4		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	antormation, including the possiminy of thre and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

 PA0028584
 001-Q

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYYY

06/30/2016

DMR Mailing ZIP CODE: MAJOR \$ 19382

MAJOR (SUBR 01) OUTFALL 001

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QU	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	****	ate ate ate ate ate	****	.016	.016		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	*****	*****	****	*** * *	.047	.047		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

04/01/2016

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	antoniacion, including the possibility of thie and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:" WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	ste ste ste ste ste ste	7.4	7.9	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	****	10 16 16 16 16 16	ste ste ste ste ste	6.2	de de de de de de	6.8		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	de de de de de	6 INST MIN	*****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 152	< 174		*****	< 5	< 5		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 35	*****		*****	< 1.1	ale ale ale ale ale ale		0	:	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	*****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	48	****		ale ale ale ale ale	1.5	****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	ale ale ale ale ale	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	de de de de de de	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.815	4.249		****	****	र्गर शंद शंद शंद शंद शंद	te te te te te	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	*****	****		Continuous	Recorder (auto)

The state of the s	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	Information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: '

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION:** 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 PERMIT NUMBER

001-A DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 07/01/2016

MM/DD/YYYY 07/31/2016

DMR Mailing ZIP CODE:

19382

\$

MAJOR

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUANTITY OR LOADING			QU	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	ste ste ste ste ste ste	****	****	3	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	***	****	****	*****	200 30DA GEO	*****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 95	113		****	< 3	4		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: '

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2016 08/31/2016

DMR Mailing ZIP CODE:

19382

MAJOR

(SUBR 01) OUTFALL 001

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****	7.4	7.8	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	ale ale ale ale ale	****	और और और और और	6.4	****	7.3		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 159	< 175		*****	< 5	6		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	31	***********		*****	1	ते. तेर त्रेर केर तेर तेर		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	46	*****		*****	1.5	* * ** *		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	ste ste ste ste ste	****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.718	4.163		*****	****	****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	amorthadon, including the possibling of three and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP **LOCATION: 848 S CONCORD RD**

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 PERMIT NUMBER

001-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2016

08/31/2016

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) **OUTFALL 001** External Outfall

No Discharge

		QUAN	TITY OR LOADI	₹G	QU	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	*****	****	****	*****	2	te to to to to to		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 91	107		****	< 3	3		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	****	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

NAME/ITTLE PRINCIPAL EXECUTIVE OFFICER	i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

DA 0000504	001
PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE:

19382

MAJOR

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	****	7.4	8	ale ale ale ale ale		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	% % % % % %	****	6.2	***	6.9		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***	*****	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 167	181		*****	< 5	6		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 26	****		****	< .9	****		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	*****	lb/d	*****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	58	****		*****	1.9	****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	*****	2 MO AVG	*****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	*****	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.619	5.958		****	****	*****	****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE:

19382

MAJOR (SUBR 01)

OUTFALL 001 External Outfall

No Discharge

\$

		QUAN	QUANTITY OR LOADING			JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	***	ste ste ste ste ste	2	*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 90	94		****	< 3	3		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	****	15 MO_AVG	23 MX WK AV	mg/L		Daily	COMP24

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TYPED OR PRINTED	and introduction of the same and introduction to the same and introduction of the same and introduction	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-Q PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

09/30/2016

DMR Mailing ZIP CODE:

19382

MAJOR

\$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	#####	****	*****	****	.016	.016		0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP	SAMPLE MEASUREMENT	****	****	*****	****	.00389	.00389		0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

07/01/2016

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED		TO THORNE PAGE	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITO	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE: 19382 MAJOR \$ (SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	te te te te te te	ale ale ale ale ale	7.6	8.3	****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	ste ste ste ste ste	ofe ofe ofe of of	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	* 10 * 10 10 15	****	6	****	6.8		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***	****	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	< 189	228		the the six six six six	< 6	8		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 28	*****		****	< 1	******		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L		Daily	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	56	ste ste ste ste ste		****	1.9	****		0		
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	100 MO AVG	****	lb/d	****	2 MO AVG	****	mg/L		Twice per Week	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	ste ste ste ste ste	* 10 10 10 10	****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.553	3.869		****	****	ste ste ste ste ste st e	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 PERMIT NUMBER

10/01/2016

001-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

10/31/2016

DMR Mailing ZIP CODE:

\$

19382

MAJOR

(SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Qī	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Coliform, fecal general	SAMPLE MEASUREMENT	*****	有女女女女 有	*****	****	2	**********		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	表表文表文表	****	****	****	200 30DA GEO	****	#/100mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 103	116		****	< 3.5	4		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	750 MO AVG	1150 MX WK AV	lb/d	***	15 MO AVG	23 MX WK AV	mg/L		Daily	COMP24

I .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and befief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382 ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2016 11/01/2016

DMR Mailing ZIP CODE:

\$

19382

MAJOR (SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QU	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	ate ate ate ate ate	8.1	8.8	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	76 76 76 76 76	ale ale ale ale ale	6.2	*****	6.8		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	243	270		*****	8	9		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	37	ste ste ste ste ste		* \$t \$t \$t \$t	1.2	****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	****	lb/d	****	6 MO AVG	****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	ale ale ale ale ale al e	*****	*****	< .001	< .001		0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.516	4.438		*****	****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	****	****	****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	te te te te te te	****	2	****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	200 30DA GEO	****	#/100mL		Daily	GRAB

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anormation, including the possibility of thie and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	108	143		****	3.7	5		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	TELEP	HONE	DATE
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Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2016 12/31/2016

DMR Mailing ZIP CODE:

\$

19382

MAJOR (SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	QU	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	afte afte afte afte afte afte	tetetete	te te te te te	8.2	9.3	Arate ate ate ate	mg/L	0	Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
pН	SAMPLE MEASUREMENT	*****	大大大大大	*****	6.1	*****	6.8	SU	0	Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	305	378	lb/d	te te te te te te	9.2	12	mg/L	0	Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	1c 1c 1c 1c 1c 1c 1c	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	46	*****		# # # # # #	1.4	*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	****	****	< .001	< .001	mg/L	0	Monthly	COMP24
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.94	5.146	MGD	ale ale ale ale ale ale	********	# # # # # # #	****	0	Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	***	****	ste ste ste ste ste	*****	2	****	CFU/100 mL	0	Daily	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	200 30DA GEO	*****	#/100mL		Daily	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualifier personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Michael Morra	TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(610)69	6- 0900)1/25/201
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: '

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 PERMIT NUMBER

12/01/2016

001-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

12/31/2016

DMR Mailing ZIP CODE:

\$

19382

MAJOR

(SUBR 01)

OUTFALL 001 External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	< 137	178		****	< 4.2	5.5		0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Michael Motta	TELEP	HONE	DATE
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TYPED OR PRINTED	anormation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

| PA0028584 | 001-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 10/01/2016 | 12/31/2016 |

DMR Mailing ZIP CODE:

19382

MAJOR (SUBR 01) OUTFALL 001 External Outfall

\$

No Discharge

		QUAN	TITY OR LOADII	NG	Qt	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	ale ale ale ale ale	1c 1c 1c 1c 1c 1c	.016	.016	mg/L	0	Quarterly	COMP24
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	****	****	*****	****	< .0037	< .0037	mg/L	0	Quarterly	COMP24
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
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TYPED OR PRINTED	anormation, netdeing the possibility of three and improviment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	***** *	8.8	9.3	*****	mg/L	0	Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	1c 1c 1c 1c 1c 1c 1c	****	*****	6.1	*****	6.9	SU	0	Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	ale ale ale ale ale ale	के के के के के के	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	397	436	lb/d	*****	11.3	12	mg/L	0	Daily	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	*****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		*****		*****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	*****	6 MO AVG	****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	***	*****	< .001	< .001	mg/L	0	Monthly	COMP24
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.18	4.908	MGD	*****	*****	****	*****	0	Continuous	Record (manual)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	ste ste ste ste ste	****	2	****	CFU/100 mL	0	Daily	GRAB
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	200 30DA GEO	*****	#/100mL		Daily	GRAB

	l certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
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TYPED OR PRINTED	and the state of the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

001-A PA0028584 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 01/01/2017 01/31/2017

DMR Mailing ZIP CODE:

\$

19382

MAJOR (SUBR 01) OUTFALL 001 External Outfall

No Discharge

				QUANTITY OR LOADING			QUALITY OR CONCENTRATION				SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT				****				0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R i certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	Michael Moffa	TELEP	DATE	
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TYPED OR PRINTED	information, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONITO	DRING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qī	UALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	ate ate ate ate ate	*****			ale ale ale ale ale ale		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	* * * * * *	5 INST MIN	Req. Mon. MO AVG	के के के के के	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	****	****	****		*****			0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****				0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	और और और और	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		****		****		* * * * * *		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	****	6 MO AVG	****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	****	****	*****	****				0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	ofer ofer ofer ofer of	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	* * * * 10 * 10 * 11	****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	******	*****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	****	****	*****	****		*****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	200 30DA GEO	****	#/100mL		Daily	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the	TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584	001- A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								

02/28/2017

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001

External Outfall

No Discharge

	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT				****				0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	*****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

02/01/2017

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME:

WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP

LOCATION: 848 S CONCORD RD WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 03/01/2017 03/31/2017

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Qī	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****			****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	5 INST MIN	Req. Mon. MO AVG	****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****		ate ate ate ate the			0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	र्तन की की की की	****	6 INST MIN	****	9 INST MAX	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****				0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1500 MO AVG	2250 MX WK AV	lb/d	****	30 MO AVG	45 MX WK AV	mg/L		Daily	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		#c #c #c #c #c #c		****		****		0		
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	300 MO AVG	*****	lb/d	****	6 MO AVG	*****	mg/L		Daily	COMP24
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	ste ste ste ste ste				0		
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	****	****	*****	0		"
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	Recorder (auto)
Coliform, fecal general	SAMPLE MEASUREMENT	****	*****	****	****		****		0		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	200 30DA GEO	*****	#/100mL		Daily	GRAB

NAME/ITTLE PRINCIPAL EXECUTIVE OFFICER | certify under penalty of law that this document and all attachments were prepared under my DATE TELEPHONE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' WEST GOSHEN SEW AUTH

ADDRESS: 848 S CONCORD RD WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

PA0028584 PERMIT NUMBER	001- A DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2017	03/31/2017								

DMR Mailing ZIP CODE:

\$

19382

MAJOR (SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT				****				0		
80082 1 1 Effluent Gross	PERMIT REQUIREMENT	1250 MO AVG	1900 MX WK AV	lb/d	****	25 MO AVG	38 MX WK AV	mg/L		Daily	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040- 0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: WEST GOSHEN SEW AUTH ADDRESS: 848 S CONCORD RD

WEST CHESTER, PA 19382

FACILITY: WEST GOSHEN STP LOCATION: 848 S CONCORD RD

WEST CHESTER, PA 19382

ATTN: JOHN SCOTT/SUPERINTENDENT

DMR Mailing ZIP CODE:

19382

MAJOR \$

(SUBR 01) OUTFALL 001 External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Copper, total [as Cu]	SAMPLE MEASUREMENT	****	*****	ste st e de de ste ste	****				0		
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24
Di[2- ethylhexyl] phthalate [DEHP]	SAMPLE MEASUREMENT	# # # # # #	****	*****	****	"" "			0		
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPHONE		DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false				
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.		AREA Code	NUMBER	MM/DD/YYYY